

**STATE OF ILLINOIS
ILLINOIS COMMERCE COMMISSION**



Date: _____

ILCC MC#: _____

Name: _____

Address: _____

City, State, Zip: _____

I, _____, am requesting a Temporarily Suspension of my Public Carrier Certificate for a period of up to one year for the following reason:

I understand that it is my responsibility as authority holder to contact my insurance company and provide them with the return service letter suspending the above mentioned authority.

If the person verifying this statement has not previously been identified in the application, proof of the individual's authority to sign on behalf of the Applicant must be submitted at the time of filing this Temporary Suspension.

Signature

Title

STATE OF ILLINOIS)

County of _____)

SS

Subscribed and sworn to before me, a Notary Public, in and for the State of Illinois and the above-named county, this date of _____, 20_____.

(SEAL)

Notary Public

My Commission expires _____.

(Upon wanting reinstatement of authority carrier must send a written notice to the Illinois Commerce Commission and contact their insurance company to get the Form E and Form H on file along with any franchise fee (cab cards and UCR) necessary to operate.